U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Place Only
	For Official Trae Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Position in labor organization.	BUSINESS	AGENT
State PA ZI	P Code + 4 / 9066	State PA ZIP Code +4 /9/37-1624
Street 340 ROCKLED (		Street 2535 ORTHODOX STREET
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
3. Name and address of person filing.  Name WILLIAM T. TAYLOR		4. Name, file number, and address of labor organization.  Name PLASTERERS' UNION LOCAL 8
1. File Number U - 7869		2. Fiscal Year Covered From:  1

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	and the state of t
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instantial by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
the description of penalties in the instructions.)

Signed Julian T.	lgle
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On	8-12-05	215-288-4280
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying of an employer whose employees your lab (2) any part of which consists of buying fro dealing with your labor organization or with	) from, selling or leasing to, or other or organization represents or is acti m or selling or leasing directly or iss	vely seeking to represent, or
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name		
Trade Name, if any:		a. Labor Organization
P.O. Box, Bldg., Room No., if any		b. Trust
Street		c. Employer
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	·	
City		11.b. Approximate dollar value of such dealing.
State	ZIP Code + 4	12.a. Nature of interest held or income received.
		12.b. Amount.
C. Received from any employer (other or from any labor relations consultant to an	than an employer covered unde employer any payment of money	r parts A and B above) or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). BENEFIT PROCESSING INC FRUIT BASHET Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 114 Street 20 BRACE ROAD CHERRY HILL City NEW JENSEY ZIP Code + 4 08034-State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant X ? 61.00